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ABSTRACT

This paper describes the initiation of curricular change in the undergraduate nursing program at the University of Alberta in Edmonton, in light of significant changes in the health care delivery system. In 1995, the program's Administrative Council adopted a Facilitated Deliberative Inquiry consensus model to manage a review of the curriculum and guide change, organizing a Deliberative Group of faculty, student, alumnae, employer, and consumer representatives. The group recommended that the curriculum evolve to a problem-based learning (PBL) model that would integrate essential concepts from support course disciplines. To counter a lack of strong faculty support for the change, open forums, individual meetings, and workshops on PBL were held. The curricular change eventually garnered 80 percent approval among faculty. It is concluded that effective curricular change requires the support of deans and senior administrators, careful choice of a consultant, the segregation of function and authority among faculty, the selective dissemination of specific recommendations when they are still in draft form, a high level of faculty involvement, and early positive experiences with the proposed changes. (MDM)

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Initiating Curricular Change in the Professions: A Case Study in Nursing

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Initiating Curricular Change in the Professions:
A Case Study in Nursing

The undergraduate baccalaureate program in nursing at the University of Alberta is a collaborative venture across 5 program sites with 3 of the sites external to the city of Edmonton. Faculty size and structure varies considerably across the one University and 4 college sites. The program is administered by an Administrative Council composed of the five program heads with no one partner being more influential than another. The original program admitted students in '91 and was a landmark program in nursing education in Canada not only because of its unique organizational structure but also because of its collaboratively developed curriculum.

Since 1991, significant changes have occurred in the health care delivery system in Alberta. Consequently the roles and responsibilities of professional nurses have also changed. In-house monitoring of the program and formal evaluation of the program over a four year period indicated that the current program had many strengths but there was some question about how well the existing program met the changing needs in health care. The collaborating partners agreed that a thorough review and possible revision of the program was desirable. In order to objectively manage such a complex process in a relatively short time, the services of an outside facilitator were contracted. The review began in September '95.

Facilitated Deliberative Inquiry (Schwab, 1978a, 1978b, 1978c; Bonser & Grundy, 1988; Harris, 1991; Hegarty, 1971; Tamir, 1989), a consensus model and process was chosen to manage the review. In September '95 the Administrative Council established a Deliberative Group consisting of representatives from faculty across all 5 sites, students, alumnae,

employers and consumers. The review began with an identification of problems. In order to identify problems, the group examined consistency across curricular intent, that is outcome competencies; educational content and sequencing; teaching and learning mechanisms; and evaluative mechanisms. Representatives systematically surveyed the perspectives of their particular curricular stakeholders, while the facilitator met with representatives from other stakeholder groups. Group members led "informational roll-outs" to stakeholders on a regular basis and a monthly Newsletter kept all stakeholders up to date.

The outcome of the process was the identification of concern across all sites that the current discipline based curriculum was not well integrated and that graduates did not feel that they had developed the skills to cope in a complex rapidly changing health care environment. Through focus group discussion, the Deliberative Group became cognizant of the general public calling for greater professional accountability from university educated professionals in assuring quality and effective professional services. The group had reached a critical point. A range of Alternative Solutions was considered. These included the major documented types of curricular organization: discipline based, systems based, problem based, and hybrid models.

In Dec '95, after much thoughtful discussion, the Deliberative Group Chose among the solutions and recommended to Administrative Council that the curriculum evolve to a PBL model that would integrate essential concepts from the support course disciplines. This model was designed to:

*address the concerns related to integration of concepts, skills and attitudes across the four years of the program;

* facilitate student development of skills in critical thinking and reflective practice;

* promote greater continuity between professional practice and education for that practice and

* provide a curricular structure flexible enough to respond to rapid changes in both the educational and health care systems.

The recommendation was firmly supported by alumnae, employers and consumer groups. The informal measure of support from faculty across sites was considered adequate enough to proceed. The recommendation was ratified by the Administrative Council in Jan '96. However, it soon became apparent that the support for the proposed change thought to exist within faculties was not as extensive as earlier calculated. Deliberative group members encountered considerable resistance, scepticism and outright hostility, behaviors that are all well documented as identified responses to change. The concerns could be categorized and included:

*questioning the need to change

*theoretical concerns related to PBL (students wouldn't cover the learning objectives for a general education; students couldn't learn the scientific basis of nursing if only concerned with practice)

*practical and logistical concerns related to workload (current lack of academic recognition and financial reward for teaching, competing research priorities and resources for faculty development)

*personal factors related to philosophy towards teaching (lectures are efficient and the only way to teach basic sciences; electives are essential and synonymous with liberal education)

To ensure timely planning and implementation of the curriculum, it was essential that faculty consensus be engendered without decreasing the momentum of the Deliberative Group. A variety of methods were employed to achieve faculty endorsement of the change.

*__Open forums__ were held across all sites in order to allow faculty to ask questions and discuss concerns, clarify misconceptions, provide or reinforce information (reinforcement and repetition was frequently required!!)

*__Individual meetings__ were held with influential faculty to address their concerns

*A __question and answer brochure__ was developed and distributed outlining the most commonly asked questions and specific responses

*A joint faculty retreat with a __planned experience__ in PBL learning was organized and facilitated by experienced PBL faculty from McMaster University

*An extensive __reference list__ and selected articles related to the concept of PBL were provided for faculty

*PBL was renamed CBL (Context Based Learning) in order to reflect faculty concern that professional nursing practice entailed more than solving problems

* The President of the University addressed the faculty at Spring Council praising the leadership demonstrated by the nursing faculty in emphasizing student outcomes related to critical thinking, teamwork, independent judgement, learning how to learn, and development of creative entrepreneurial talent in the proposed revision.

Meanwhile, the Deliberative Group proceeded to: develop a formal proposal and executive summary for the University Academic Development Committee's approval and refine the conceptual framework, graduate competencies, level outcomes, and the curricular blueprint.

Group members met with support discipline chairs across sites to garner their support for the change. Generally the chairs were supportive and, in some cases, intrigued by the proposal. Administrative Council members across the 5 sites consulted with senior administration of each institution.

There were several challenges during the process. The primary challenge was to create a system to ensure that assumptions about faculty and administrative support, understanding and commitment were accurate across all sites and across all disciplines. It was always a challenge for the Deliberative Group to reassure individual faculty members that they had been heard even though the group might not adopt the proposed recommendation often along the lines of "don't change anything - let's just fix it up".

It was with some trepidation that a ballot was distributed in May '96 and enormous relief that the Deliberative group realized an 80% approval across sites to proceed. The proposal to revise the BScN program was approved by the Academic Development Committee at the University in June '96.

In retrospect, the Deliberative Group would propose several recommendations for initiating curriculum change.

*The group would concur that **support of the Dean** is essential. Our dean demonstrated that innovation in education was not only acceptable but also a definite priority. She made the initial contact with the Arts and Science faculties. We are the only faculty on campus with an Associate Dean Teaching. Our dean continued to support the change process with enthusiasm, participation and fiscal resources for consultation, faculty development, curriculum materials and learning resources.

*Careful **choice of a consultant** is important. A rapport quickly developed between the Deliberative Group and our consultant. She was dynamic, visionary, and relevant. She provided a clear blueprint but knew when to step aside and let us explore our own ideas. She absorbed much of the initial scepticism and hostility of faculty.

*Recognize that early momentum might wane. Develop a critical mass of creative, committed faculty and begin planning. **Segregate function and authority** among faculty. While the entire faculty does need to agree on the overall goals of professional education, the operationalization can be confined to a small group. The review and comment function can and should be widely shared among faculty while the authority for detailed decisions should be reserved for the core group.

*Be open and honest about the overall plan, but **selective with specific information** if it is still in draft form. Examples of some very specific curriculum detail were provided early on in the process and this seemed to alarm rather than reassure faculty. This action was interpreted as "the change is occurring too quickly without enough thought".

*Our deliberative group would agree that we needed to spend more time with faculty in initial problem identification and in exploration of alternative solutions. It is important to remember that **not everyone is at the same level** of understanding of detail and process!!

*Dissemination of information is important but alone will seldom persuade faculty to change. Provide **early positive experiences** with the proposed change. We used demonstration of the tutorial process, case writing, and tutor training as ways of

providing experiences that inevitably served to convert some faculty.

Currently, the same core group continues to work with the support course disciplines. The chairs of the various departments are supportive of the change; however, the support of the faculty designated to work with nursing varies considerably and we have witnessed reactions similar to those of our own faculty. We have had three workshops with support course disciplines. The first weekend session provided an experience with CBL; the second workshop focused on case writing and was a joint session with faculty of nursing and support course faculty; the third session was a day of tutor training. Increasingly support course faculty are becoming actively involved in the process.

As Lynn Curry suggested, she and Jon Wergin (1993) identified some key operational principles for those initiating change at any level. This curriculum revision process has reinforced the following principles:

*change is political, not necessarily logical and requires political strategies

*change is incremental and adaptive, not immediate and precipitous

*change moves through layers of support and support for the innovators is crucial

*planning and implementing change requires the participation of those most affected by it and finally

*change requires persistence, flexibility and I would add patience and a sense of humor!!!!

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